

No. C 152339	Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CHARLAYNE K. STREETER, P.A. CHARLAYNE K STREETER 402 E 5TH AVE POST FALLS ID 83854		CHARLAYNE K STREETER 402 E 5TH AVE POST FALLS ID 83854			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	LAURA R BURGAN	402 E. 5TH AVE	POST FALLS	ID	USA	83854
PRESIDENT	CHARLAYNE K STREETER	402 E. 5TH AVE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID C 152339	6. Annual Report must be signed.* Signature: Charlayne Streeter Name (type or print): Charlayne Streeter		Date: 11/01/2017 Title: President			
Processed 11/01/2017		* Electronically provided signatures are accepted as original signatures.				